

Physician's Report to Nebraska Parkinson's Disease Registry

Patient Information

Patient Name _____ SSN _____
 Last Name First Name Middle Initial

Gender M F Date of Birth ____/____/____ Date Diagnosed
 (Circle One) With Parkinson's ____/____/____

Patient Address at Diagnosis _____
 Street, Unit Number City State Zip Code

Patient Address - Current _____
 Street, Unit Number City State Zip Code

Physician Information

Physician Name _____
 Last Name First Name Middle Initial

Person Completing this Report _____
 Last Name First Name Middle Initial

Thank you for your assistance in fulfilling the Public Health mission of Nebraska Revised Statute 81-697 to 81-6,110.

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Instructions for Completing Form PHYSPDR.FRM

What is to be reported on this form:

Pursuant to Nebraska Revised Statute **81-697 to 81-6,110** each individual resident of Nebraska who is diagnosed with Parkinson's or a related movement disorder is to be reported on this form to the Nebraska Health & Human Services System Department of Regulation and Licensure. For each such individual for whom you provide medical care, you are asked to complete this form. You need only report an individual once; however, if it is easier, you may send the information each time you see the patient.

Who is to report on this form:

Nebraska Revised Statute **81-697 to 81-6,110** requires physicians and pharmacists to report information to the Department regarding individuals diagnosed with Parkinson's Disease.

This form is for use by physicians only.

Pharmacists are to report using form PHARMPDR.FRM. These forms may be requested by contacting the Data Management Section at (402) 471-8582 or by email at parkinsons@hss.ne.gov.

When reports are to be submitted:

Information is required to be submitted within 60 days after diagnosis is made. For more information, visit our website at www.hhss.ne.gov/ced/parkinson.

Where reports are to be submitted:

*Jill Krause
Data Management Section
Nebraska Health & Human Services System: Department of Regulation and Licensure
P.O. Box 95007
Lincoln, NE 68509-5007
Phone (402)471-8582*

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